a very much more powerful effect than those from any other organ. He also showed that these extracts, when injected into the circulation of an animal, have a distinct depressor action on the blood pressure. In his later work he has been able to show that not only do differences in this coagulation-inhibiting action exist between different organs, but that in cases showing clinically no symptoms of excessive uterine bleeding, this inhibitory power is more pronounced in the ovarian than in the uterine extracts; the organs from individuals who had suffered from severe menorrhagia, on the other hand, show a greater activity on the part of the uterus than of the ovaries. He has noted further that extracts from the uterine mucosa are always more active than those from the muscle tissue, and that the action of fibroid tumor tissue is less intense than that of the uterus itself. The inhibitory substance, which he believes to be an antithrombin, is firmly combined with the cell-tissue, probably existing as an endocellular material of some sort. Although this substance gets into the menstrual blood in large quantities, it is not found in the circulating blood even of patients whose organs show unusually marked activity. An interesting fact that Schickele has brought out is that the uterus and ovaries of women past the menopause do not show any greater activity than any other organ of the body. Since the same substance, having this anti-thrombotic action, is found in the ovaries, uterus, and menstrual blood, Schickele considers it rational to assume that the ovaries are the source of its formation; that it is secreted by them into the circulating blood, but in such small quantities as to be undemonstrable, and is then stored up by the uterus, to be excreted by it at periodic intervals in the menstrual blood. The substance, which when injected into the circulation, causes dilatation of the vessels, with consequent fall in blood pressure, is also found in the menstrual blood, as well as in the uterus, tubes, and ovaries, but this likewise disappears after the menopause. He considers it probable that this also originates in the ovaries, whence it is carried to the uterus, but has not been able actually to demonstrate this. The occasional occurrence of vicarious menstruation would seem to indicate, however, that it may at times get into the general circulation in larger quantities than normal.

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**Menstruation in Healthy Individuals.**—In order to determine, if possible, whether the occurrence of menstruation exerts any actual, objectively demonstrable effect upon the normal female organism, as has so often been asserted, SCHMOTKIN (*Arch. f. Gyn.*, 1912, xcvii, 495) has carried out a rather interesting series of investigations. For three consecutive months she has kept careful records of the blood-pressure (systolic and diastolic), pulse, temperature, and muscular power of eight healthy young women aged from eighteen to twenty-five years, taking readings every other day, except during the menstrual period, when daily examinations were made. Her subjects for these tests were all maids employed about the clinic; their regular work had to be carried on therefore just as actively throughout menstruation as in the interval. As a result of these investigations, the individual findings of which are all tabulated in detail in the original article, Schmotkin says that she was unable to demonstrate any considerable variations in any of the factors considered in any of the subjects.

The premenstrual rise and menstrual fall in the curve representing these activities, which has been described by so many investigators was completely lacking; no periodicity in the bodily functions could be observed, so that menstruation, in these cases at least, must be considered as a completely normal process, exerting no appreciable influence on the organism as a whole.

**Treatment of Sterility.**—NORRIS (*Surg., Gyn., and Obst.*, 1912, xv, 706) reports exceedingly satisfactory results in the treatment of certain cases of sterility in women by the use of his modification of the Wylie drain. This, a form of stem pessary, having a well-marked groove on each surface, and a T-shaped lower end, the arms of the T resting against the outer surface of the cervix when the drain is in place, and being held there by silk ligatures placed through a small hole, provided for that purpose at the end of each arm, and taking in a bite of the cervical tissue. The stem, which has a bulbar enlargement on the inner end, should be of such length as to reach to within 1.5 cm. of the top of the uterine cavity. The technique employed by Norris in the use of this pessary is merely to give the cervix a thorough dilatation, taking at least fifteen minutes for this, and then to introduce the drain, after exploring the interior of the uterus for the possible presence of a polyp or small myoma. The instrument may stay in place for six weeks, during which time no douches should be taken by the patient. The presence of the drain is no contraindication to the resumption of sexual relations, however; indeed, in three of Norris' cases, conception apparently occurred while it was in place. Norris emphasizes that this form of treatment should be used only in those cases where sterility is present with no other pathological condition than a small cervical canal. Where the slightest suspicion of any inflammatory condition exists, it is absolutely contraindicated. By its use, Norris reports a cure in 13 out of 35 cases whose histories subsequent to the operation could be traced, giving a ratio of 37 per cent., but since a number of the patients in whom pregnancy has not as yet ensued have been operated on within the last year, it is reasonable to suppose that this percentage may be somewhat increased.

**Occurrence of Sarcomatous Degeneration on Uterine Myomas.**—An unusually high percentage of myomas showing beginning sarcomatous change is reported by WARNEKROS (*Arch. f. Gyn.*, 1912, xcvii, 292) from Bumm's clinic in Berlin. He has subjected their last 78 cases of myoma to very thorough microscopic examination, as a result of which he has found areas which he considers carcinomatous in no less than 7, corresponding to almost 10 per cent. He admits that this is much higher than the average reported by most observers, which at the present time appears to be about 4 or 5 per cent., and also that this series of cases is too small upon which to assume that such a high precentage of malignancy represents the true state of affairs, but he also insists upon the fact that this percentage is steadily increasing as it is becoming the routine practice of many clinics to subject all myomatous tumors to a much more thorough routine examination than formerly. These areas may be extremely small, and since they do not occur in any definite portion of the myoma, it is not